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			Ap	Application Number		10/599,585					
				FII	Filling Date		October 2, 2006				
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS					First Named Inventor			Gauxmann, Berthold			
					METHOD AND CIRCUIT A OPERATING A SOLENOI					OR	
INDICATION FORM					Art Unit		N/A				
				Ex	Examiner Name		Not Yet Assigned				
				Att	Attorney Docket No.		20798/0204627-US0				
I hereby revoke all previous powers of attorney given in the above-identified application.											
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l am the:  Applicant/Inventor.  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (From PTO/SB/96)											
SIGNATURE of Applicant or Assignee of Record											
Signature // CECES				1		ite					
Name Manfred Daas							lephone	lephone +49 228 602-2412			
Title and Company Authorized Manager											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.											
	*Total of	1 form	s are subm	itted.							

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STATEMENT UNDER 37 CFR 3.73(b)									
Applicant/Patent Owner:	Moeller GmbH								
Application No./Patent No./Control No.:	10/599,585	Filed/Issue Date:	October 2, 2006						
Entitled: METHOD AND CIRCUIT ARRANGEMENT FOR OPERATING A SOLENOID ACTUATOR									
(Name of Assignee)	er GmbH , a	Corp (Type of Assignee, e.g., corporation, pa	poration tnership, university, government agency, etc.)						
states that it is:		.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	of the entire right title and in	terest or							
	an assignee of less than the entire right, title and interest.								
(The extent (by percentage) of its ownership interest is									
	from the inventor(s) of the pa								
	the United States Patent and								
OR	, or a true copy of	the original assignment is a	ttached.						
	from the inventor(s), of the par lows:	tent application/patent identi	fied above, to the current						
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Additional d	ocuments in the chain of title	are listed on a supplemental	sheet.						
to the assignee wa [NOTE: A separate	CFR 3.73(b)(1)(i), the docume is, or concurrently is being, s copy (i.e., a true copy of the or n in accordance with 37 CFR Pa	submitted for recordation puringinal assignment document(s	i)) must be submitted to						
The undersigned (whose	title is supplied below) is aut	thorized to act on behalf of th	ne assignee						
Indereigned (Wildse									
	Signature								
- De	Manfred Daas		+49 228 602-2412 Telephone Number						
	inted or Typed Name		relepitone Number						
A	Authorized Manager Title								